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TECHNOLOGY CENTER

PATENT

Attorney Docket No. BSC-181

\$ 3138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Hammond et al.

SERIAL NO.: 09/733,752

GROUP NO.: 3738

FILED: December 8, 2000

EXAMINER: B. Pellegrino

TITLE: Facilitating Drainage

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 2nd day of May, 2003.

Thomas F. Hellenthal

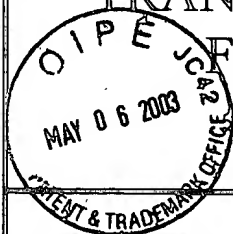
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

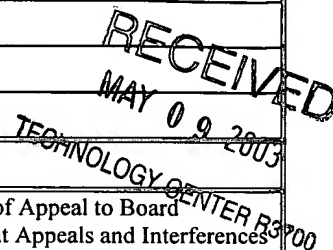
Submitted herewith are the following:

- (1) Transmittal Form (1 page);
- (2) Amendment and Response (11 pages);
- (3) Fee Transmittal (1 page) with Check for \$180.00;
- (4) Supplemental Information Disclosure Statement (2 pages);
- (5) Form PTO-1449 (2 pages);
- (6) References A58-A86, B3-B4; and
- (7) A Return Receipt Postcard.

TRANSMITTAL FORM



Application Serial Number	09/733,752
Filing Date	December 8, 2000
First Named Inventor	Hammond
Group Art Unit	3738
Examiner Name	B. Pellegrino
Attorney Docket No.	BSC-181
Patent No.	Not applicable
Issue Date	Not applicable



ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations A58-A86; B2-B3 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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 Boston, MA 02110
 Tel. No.: (617) 248-7000
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SIGNATURE BLOCK

Respectfully submitted,

 Robert J. Testa
 Attorney for Applicant(s)
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 Date: May 2, 2003
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 Fax No.: (617) 248-7100

<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; transform: rotate(-15deg);"> OIP MAY 06 2003 UNIT & TRADEMARK OFFICE 243C </div> <div> <h2 style="margin: 0;">PATENT TRANSMITTAL</h2> <h3 style="margin: 0;">FY 2003</h3> </div> </div>		Complete if Known	
		Application Serial Number	09/733,752
		Filing Date	December 8, 2000
		First Named Inventor	Hammond
		Group Art Unit	3738
Examiner Name	B. Pellegrino		
Attorney Docket No.	BSC-181		

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT</h3> <p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input type="checkbox"/> Applicant claims small entity status.</p>	<h3 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h3> <div style="text-align: right; font-weight: bold; margin-bottom: 10px;"> RECEIVED MAY 09 2003 TECHNOLOGY CENTER R3700 </div> <h4 style="text-align: center; margin: 0;">3. ADDITIONAL FEES</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Large Entity Fee (\$)</th> <th style="text-align: left; font-size: small;">Small Entity Fee (\$)</th> <th style="text-align: left; font-size: small;">Fee Description</th> <th style="text-align: right; font-size: small;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td style="text-align: right;">180.00</td></tr> <tr><td>750</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>750</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td colspan="3">Other fee (Specify) _____</td><td></td></tr> <tr><td colspan="3">Other fee (Specify) _____</td><td></td></tr> </tbody> </table> <div style="text-align: right; margin-top: 20px;"> SUBTOTAL (3) (\$ 180.00) </div>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		410	205	Extension for reply within second month		930	465	Extension for reply within third month		1450	725	Extension for reply within fourth month		1970	985	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement	180.00	750	375	Filing a submission after final rejection (37 CFR 1.129(a))		750	375	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		Other fee (Specify) _____				Other fee (Specify) _____			
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<h3 style="text-align: center; margin: 0;">FEE CALCULATION</h3> <h4 style="text-align: center; margin: 0;">1. FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Large Entity Fee (\$)</th> <th style="text-align: left; font-size: small;">Fee Description</th> <th style="text-align: right; font-size: small;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>750</td><td>Utility filing fee</td><td></td></tr> <tr><td>330</td><td>Design filing fee</td><td></td></tr> <tr><td>160</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Number Filed</th> <th style="text-align: left; font-size: small;">Number Extra</th> <th style="text-align: left; font-size: small;">Rate</th> <th style="text-align: right; font-size: small;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td style="text-align: right;">\$280.00 =</td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$ 0) </div> <h4 style="text-align: center; margin: 0;">2. AMENDMENT CLAIM FEES</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Claims Remaining After Amend.</th> <th style="text-align: left; font-size: small;">Highest No. Previously Paid For</th> <th style="text-align: left; font-size: small;">Present Extra</th> <th style="text-align: left; font-size: small;">Rate</th> <th style="text-align: right; font-size: small;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td style="text-align: right;">+ \$280.00 =</td> <td></td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> TOTAL: (\$) SMALL ENTITY DISCOUNT: (\$) SUBTOTAL (2) (\$ 0) </div>	Large Entity Fee (\$)	Fee Description	Fee Paid	750	Utility filing fee		330	Design filing fee		160	Provisional filing fee		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 18.00 =		Independent Claims	- 3 =	x \$ 84.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 84.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =		<div style="text-align: right; margin-top: 20px;"> SUBTOTAL (1) 0 SUBTOTAL (2) 0 SUBTOTAL (3) 180.00 </div> <div style="text-align: right; margin-top: 20px;"> TOTAL (\$ 180.00) </div>
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<h3 style="text-align: center; margin: 0;">CORRESPONDENCE ADDRESS</h3> <p>Direct all correspondence to:</p> <p style="text-align: center;"> Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 </p>	<h3 style="text-align: center; margin: 0;">SIGNATURE BLOCK</h3> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Date: May <u>2</u>, 2003</p> <p>Reg. No.: 35,393</p> <p>Tel. No.: (617) 248-7374</p> <p>Fax No.: (617) 248-7100</p> </div> <div style="width: 45%; text-align: center;"> <p>Respectfully Submitted</p> <p><i>Robert J. Tosti</i></p> <p>Robert J. Tosti Attorney for the Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110</p> </div> </div>
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